

Type a plus sign (+) inside this box ☐

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

<p>0010/PTO Rev. 6/95</p> <p style="text-align: center;">U.S. Department of Commerce Patent and Trademark Office</p> <h2 style="text-align: center;">DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</h2> <p><input type="checkbox"/> Declaration Submitted with Initial Filing    OR    <input type="checkbox"/> Declaration Submitted after Initial Filing</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Attorney Docket Number</td> <td style="width: 50%;">H 4494 PCT/US</td> </tr> <tr> <td>First Named Inventor</td> <td>Kleen, Astrid</td> </tr> <tr> <td colspan="2" style="text-align: center;"><i>COMPLETE IF KNOWN</i></td> </tr> <tr> <td>Application Number</td> <td></td> </tr> <tr> <td>Filing Date</td> <td></td> </tr> <tr> <td>Group Art Unit</td> <td></td> </tr> <tr> <td>Examiner Name</td> <td></td> </tr> </table>	Attorney Docket Number	H 4494 PCT/US	First Named Inventor	Kleen, Astrid	<i>COMPLETE IF KNOWN</i>		Application Number		Filing Date		Group Art Unit		Examiner Name																																									
Attorney Docket Number	H 4494 PCT/US																																																						
First Named Inventor	Kleen, Astrid																																																						
<i>COMPLETE IF KNOWN</i>																																																							
Application Number																																																							
Filing Date																																																							
Group Art Unit																																																							
Examiner Name																																																							
<p>As a below named inventor, I hereby declare that my residence, post office address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>METHOD FOR RESTRUCTURING KERATIN FIBERS</b> </div> <p style="text-align: center;"><i>(Title of the Invention)</i></p> <p>the specification of which <input type="checkbox"/> is attached hereto</p> <p style="text-align: center;">OR</p> <p><input checked="" type="checkbox"/> was filed on (MM/DD/YYYY) <span style="border: 1px solid black; padding: 2px 20px;">09/13/2000</span> as United States Application Number or PCT International Application Number <span style="border: 1px solid black; padding: 2px 20px;">PCT/EP00/08924</span> and was amended on (MM/DD/YYYY) <span style="border: 1px solid black; padding: 2px 20px;"></span> (if applicable).</p> <p>I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.</p> <p>I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.</p> <p>I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Prior Foreign Application Number(s)</th> <th style="width: 15%;">Country</th> <th style="width: 15%;">Foreign Filing Date (MM/DD/YYYY)</th> <th style="width: 10%;">Priority Not Claimed</th> <th colspan="2" style="width: 35%;">Certified Copy Attached?</th> </tr> <tr> <th></th> <th></th> <th></th> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>199 45 487.6</td> <td>DE</td> <td>09/22/1999</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table> <p><input type="checkbox"/> Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:</p> <p>I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Application Number(s)</th> <th style="width: 20%;">Filing Date (MM/DD/YYYY)</th> <th style="width: 50%;"></th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.</td> </tr> </tbody> </table>		Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?						YES	NO	199 45 487.6	DE	09/22/1999	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Application Number(s)	Filing Date (MM/DD/YYYY)				<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?																																																			
				YES	NO																																																		
199 45 487.6	DE	09/22/1999	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																																		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																		
Application Number(s)	Filing Date (MM/DD/YYYY)																																																						
		<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.																																																					

**Burden Hour Statement:** This form is estimated to take 4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington DC 20231.

## DECLARATION

Page 2

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365D of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
	PCT/EP00/08924	09/13/2000	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

<input type="checkbox"/> Firm Name		Customer Number	or label	
OR				
<input checked="" type="checkbox"/> List Attorney(s) and/or agent(s) name and registration number below:				
Name	Registration Number	Name	Registration Number	
Glenn E. J. Murphy	33,539			
Stephen D. Harper	33,243			
Kimberly R. Hild	39,224			
Steven C. Bauman	33,832			

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to	<input checked="" type="checkbox"/> Customer Number	or label	00423	OR	<input type="checkbox"/> Fill in correspondence address below
Name	Kimberly R. Hild				
Address	Henkel Corporation				
Address	2500 Renaissance Blvd, Suite 200				
City	Gulph Mills	State	PA	Zip	19406
Country	USA	Telephone	610-278-4964	Fax	610-278-6548

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Astrid	Middle Initial		Family Name	Kleen
Inventor's Signature		Date		Suffix e.g. Jr.	
Residence: City	Erkrath	State		Country	Germany
Post Office Address	Nordstrasse 17				
Post Office Address					
City	40699 Erkrath	State		Zip	
Country	Germany	Applicant Authority			

☒ Additional inventors are being named on supplemental sheet(s) attached hereto

DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Andrea	Middle Initial		Family Name	Saettler	Suffix e.g. Jr.	
Inventor's Signature					Date		
Residence: City	Duesseldorf	State		Country	Germany	Citizenship	Germany
Post Office Address	Himmelgeisterstr. 187						
Post Office Address							
City	40225 Duesseldorf	State		Zip		Country	Germany
						Applicant Authority	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Horst	Middle Initial		Family Name	Hoeffkes	Suffix e.g. Jr.	
Inventor's Signature					Date		
Residence: City	Duesseldorf	State		Country	Germany	Citizenship	Germany
Post Office Address	Carlo-Schmid-Str. 113						
Post Office Address							
City	40595 Duesseldorf	State		Zip		Country	Germany
						Applicant Authority	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Ralf	Middle Initial		Family Name	Otto	Suffix e.g. Jr.	
Inventor's Signature					Date		
Residence: City	Bad Friedrichshall	State		Country	Germany	Citizenship	Germany
Post Office Address	Oedheimer Str. 6						
Post Office Address							
City	74177 Bad Friedrichshall	State		Zip		Country	Germany
						Applicant Authority	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Oliver	Middle Initial		Family Name	Brabaender	Suffix e.g. Jr.	
Inventor's Signature					Date		
Residence: City	Oberhausen	State		Country	Germany	Citizenship	Germany
Post Office Address	Heiderhofen 125						
Post Office Address							
City	46049 Oberhausen	State		Zip		Country	Germany
						Applicant Authority	
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto							